Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 8 OMB NO.: 0938-State:____ OKLAHOMA Agency* Citation(s)
Department of Human Services Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 42 CFR 435.135 22. Individuals who --Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income. Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients. Not applicable because the State applies more restrictive eligibility requirements than those under SSI. /X/ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the

*Agency that determines eligibility for coverage.

Revised 10-01-91

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needy eligibility.

amount of countable income for categorically

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 9 OMB NO.: 0938-State: _ OKLAHOMA Agency* Citation(s) Groups Covered Department of Human Services A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 1634 of the 23. Disabled widows and widowers who would be Act eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act. Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. /X/ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility. *Agency that determines eligibility for coverage. Revised 10-01-91 TN No. Approval Dati Effective Date Supersedes TN No. HCFA ID: 7983E

W. Burkeye.

STATE JAN 29 1992

DATE REC'D JAN 29 1992

DATE APPV'D MAR - 3 1992

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HCFA 179 J2-32

Revision: HCFA-PM-91-10 DECEMBER 1991 (MB)

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Agency* Citation(s)

Department of Human Services

1634(d) of the A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

24. Disabled widows, disabled widowers, and disable unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who becaus of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, an who are not entitled to Medicare Part A.

The State applies more restrictive eligibility requirements for its blind c disabled than those of the SSI program.

In determining eligibility as categorically needy, the State disregard the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual but does not disregard any more of this income than would reduce the individual income to the SSI income standard.

In determining eligibility as categorically needy, the State disregard only part of the amount of the benefits identified in \$1634(d)(1)(A) in determining the income of the individual which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Suppleme: 4 to Attachment 2.6-A.

In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual

*Agency that determines eligibility for coverage.

Revised 01-01-93

TN No. 73-07
Supersed TN No. 92-02

Approval DateMAY 03 1993 Effective DateM 01 1993

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Page 9b

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OKLAHOMA

Agency*

Citation(s)

Groups Covered

Department of Human Services

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10(E)(i) and 1905(p) of the Act

1902(a)(10)(E)(ii),

1905(s) and 1905(p)(3)(A)(i)

of the Act

- 25. Qualified Medicare beneficiaries--
 - Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
 - Whose income does not exceed 100 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

- 26. Qualified disabled and working individuals--
 - Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
 - b. Whose income does not exceed 200 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.
 - d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

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Approval Date MAY 031993

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^{*}Agency that determines eligibility for coverage.

Revision: HCFA-PM-93-2 MARCH 1993

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ATTACHMENT 2.2-A Page 9b1

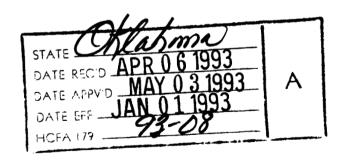
| | State: | OKLAHOMA | | |
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| Agency* | Citation(s |) | Groups Covered | |
| Department | of Human Ser | cvices | | |

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(l0(E)(iii) and 1905(p)(3)(A)(ii) of the Act

- 27. Specified low-income Medicare beneficiaries--
 - Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - 'b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
 - Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)



*Agency that determines eligibility for coverage.

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| Agency* | Citation(s) | | | | Groups Covered |
| 2 | | | | | Coverage - Categorically Needy and Other pecial Groups (Continued) |
| • •• | 1634(e) of the Act | reason of di any month so or (v) of Se treated, for | | a. | Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month. |
| | | | <u>X</u> | b. | The State applies more restrictive eligibility standards than those under SSI. |

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

HCFA 179

Revised 03-01-95 TN No. Supersedes pproval Date 06/ TN No.

^{*}Agency that determines eligibility for coverage.

Revision: HCFA REGION VI

NOVEMBER 1991

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| State: | OKLAHOMA | | |
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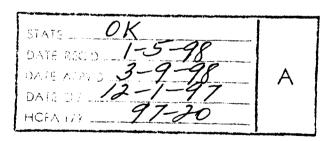
Citation(s)

GROUPS COVERED

Department of Human Services

> P.L. 101-508 2 (Section 4601)

29. Children born after September 30, 1983, who have attained age 6 but have not attained age 19 in families with income up to 100 percent of the Federal poverty level, as specified in Supplement 1 to Attachment 2.6-A, for a family of the same size, including the children who meet the resource standards specified in Supplement 2 to Attachment 2.6-A.



^{*} Agency that determines eligibility for coverage.

Revised 12-01-97

| TN No. | 97-20 | | 2000 | | | 12 1 97 |
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| Supersedes | (2) | Approval Date: | 3-9-98 | Effective | Date: | 12-1-11 |
| TN No. | 72-02 | | | | | |

| Revision: | HCFA-PM-91-4 AUGUST 1991 State: | (BPD) | ATTACHMENT 2.2-A Page 9c OMB No.: 0938- |
|--------------------------|---------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Agency* Department | Citation(s) t of Human Serv | Groups | Covered |
| | в. от | tional Groups Other | Than the Medically Needy |
| 435 190 (10 190 | CFR \sqrt{X} 1.5.210 D2(a) D)(A)(ii) and D5(a) of Act | income and resource optional State supp | ed below who meet the requirements of AFDC, SSI, or an lement as specified in 42 o do not receive cash |
| | | $\frac{\dot{X}}{X}$ The plan coverabove. | rs all individuals as described |
| | | | rs only the following os of individuals: |
| 4 | | Aged Blind Disabled Caretaker i | |
| | CFR $\sqrt{X/2}$. | or an optional State | d be eligible for AFDC, SSI supplement as specified in 42 were not in a medical |
| | | | |
| | | | |
| | | | |
| *Agency th | at determines (| eligibility for cover | rage. |
| TN No. Supersedes TN No. | Appro | val DaMAR - 3 1992 | New 10-01-91 Effective Date OCT - 1 1991 HCFA ID: 7983E |

 Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 10 OMB NO.: 0938-OKLAHOMA State: Agency* Citation(s) Groups Covered Department of Human Services В. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.212 & /_/ 3. The State deems as eligible those individuals who 1902(e)(2) become otherwise ineligible for Medicaid while of the Act enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act. The minimum enrollment period is _____ (not to exceed six months). The State measures the minimum enrollment period from: / / The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility. The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening

*Agency that determines eligibility for coverage.

TN No. Approval Date Effective Date TO No. HCFA ID: 7983E

disenrollment.

STATE JAN 29 1992

DATE REC'D MAR = 3 1992

DATE APPV'D MAR = 1 1991

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Revision: HCFA-PM-91-10 (MB)

December 1991

Corrected

Attachment 2.2-A

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State/Territory: OKLAHOMA

Agency*

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.212 1902(e)(2) of the Act. P.L. 99-272 (section 9517) P.L. 101-508 (section 4732)

X3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in Section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under Section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

The State elects not to guarantee eligibility.

_X The State elects to guarantee eligibility. The enrollment period is 6 months.

The State measures the minimum enrollment period:

X As stated in our 1115(a) waiver.

The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

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The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage.

Revised 07-01-96

TN No. Supersede pproval Date

Effective Date